NATIONAL Assessment Centre Services (Wkg 1 Jurong)

Date In: 15/01/2018 17:40	Job description	Date & Time Completed	Done by
Ref No: NBA/INC1800895/FY	SAS e-filling		
Veh No: FBC1123H	E-mail (within 5hrs, AIO 2hrs)		
D.O.A: 13/01/2018 19:45	i-Motor Claim Form	MT/0977986	16/01/18 19:15
OD / TP / Reporting Only	i-Motor YY/O (within 1 OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SLG 2594K, INC( )/ Non-INC( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) [Note: Bst Status (WO): N: 0-20%; P: 21-79%, P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

General Remarks:

( ) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: [INC Baseline: 6780 0016]	Date Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > $3000) ( )		

Injury:

Date/Time	Action

NA1800379

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Additional Comments:

Invoice Preparation Checklist	$	Add'l $
1) AR: Accident Reporting ($30): INC ($0)		
2) DA: Damage Assessment ($100):	$NWS45	
3) TP: Towing Fee	$150	
4) FT: Follow-Through Survey	$30	
5) FT: Follow-Through Survey (Resurvey)		
For claiming against INC Only (wef 10 Jan 2010)		
6) TR: Re-Inspection	$35	
7) N1: Ido DA + SMRT Survey	$160	
8) NTUC Additional Services:		
OIP		
(N3): Courtesy Car / Tpt Allowance	$5	
(N6): Repair Co-ordination	$10	
(N5): Post Repair Inspection	$35	
(N6): DY / Collect Excess Coordination	$5	
TP (N11): TP (Non INC) against INC	$20	
9) N12: Ido Mobile	10	
Invoice dated	Fee Charged	
Invoice typed	Fee Cleared	

1 2 / 3

MNA418007592 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 15/01/2018 17:40
SUBMITTED BY: Krishnasamy s/o Govindasamy

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to expedite the claims process.
2. This Form must be completed by the Policyholder and/or his Authorised Driver.
3. Information provided must be as truthful and complete as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of pol[illegible]ability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insured to the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of the report may be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

[redacted] ACCIDENT STATE[redacted]

Date Of Report	15/01/2018 17:40
Date Of Accident	15/01/2018 19:45
Exact Location Of Accident	JUNC OF LOEWEN RD
Country/State of Loss	SINGAPORE
[redacted]	[redacted]
Vehicle Registration Number	SJC1123[illegible]
Insured/Policyholder	
Name Of Registered Owner	[illegible]RIDE PTE. LTD
Co Reg No	2[illegible]6299[illegible]W
Email Address	[illegible]MH0[illegible]@GMAIL.COM
Mobile Phone No	[illegible](CAL) [illegible]-8742[illegible]
Alternative Phone No	[illegible]CE-[illegible]20340
Vehicle Particulars	
Manufacturer	[illegible]
Model	[illegible]25
Exact Purpose for which vehicle was being used at the time of accident	[illegible]RK
Are you claiming under your own insurance for repair to your vehicle?	[illegible]
If No, Please state action to be taken	[illegible]PORTING ONLY
Vehicle Category	[illegible]SSENGER CAR
Insurance Company	
Name of Insurance Company	[illegible]OMEP[illegible]OPERATIVE LTD
Type Of Coverage	[illegible]PARTY
Fleet Policy	[illegible]
Policy Number	[illegible]5645[illegible]-01
Cover Note Number	[illegible]
Driver	
Name of Driver	[illegible]ER RAJIM
NRIC No	[illegible]
Date Of Birth	[illegible]
Occupation	[illegible]
Date Of Driving Pass	[illegible]/20[illegible]
Driving Experience	[illegible]ARS AND 7 MO[illegible]HS
Gender	[illegible]E
Mobile Number	[illegible]CAL)[illegible]-8742[illegible]
Fax Number	[illegible]
Contact Number	[illegible]
EMail Address	[illegible]

Address	
Postcode	
Was driver an employee of the Insured's Company	
If No, Relationship of the Driver to the Insured	
Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	

General Information of the Accident

Type Of Accident	- HEAD
Weather Conditions	
Road Surface	

Other Information

Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	
Was any body injured in the accident	
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	
I have been approached by person(s) soliciting/offering accident assistance.	
Number of Passengers (Including Driver)	

Details of Police Report

Was the accident reported to the police?	
If Yes,Please state police station	
Was notice of intended prosecution served on?	
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHMENT.

Attachment(s)

Are accident photographs attached herewith?	
Was there any witness camera?	
Was there any	

[redacted] DETAILS [redacted] PARTY 1

Vehicle Registration Number	
Vehicle Make/Model	
Details Of Property Damaged	
Vehicle Category	CAR
Name of Driver	
NRIC/Passport No.	
Contact Number	
Address	
Postcode	
Insurance Company	
Nature Of Damage	
No. Of Passengers Involved	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle (s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

      (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

      (ii) investigating the accident and/or my claims;

      (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

      (iv) administering my claims including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages; and/or

      (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), whether in Singapore or outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information may also be collected from and disclosed to third parties to check my claims history for the purpose of fraud detection, investigation and/or analysis in relation to present and future claims;

   (e) the information so collected under (d) above may be shared / disclosed:

      (i) to all insurers and/or any other third parties who are involved in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

      (ii) for complying with requirements under any regulations, laws or court orders.

ALORIDE PTE. LTD. Reg. No. 201620994W

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A – FBC1123H
B – SLG2594K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT LOEWEN ROAD JUNCTION, THERE WERE 2 WHITE CAR INFRONT, I KEEP TO MY LEFT AND OVERTAKE BOTH CARS AS THEY WERE STATIONERY AT THAT POINT OF TIME THE SECOND CAR THEN HORN ME TWICE WHEN ONTHEMOVE AND I STOP AT THE SIDE DROVE BESIDE ME AND ASK ME WHAT'S MY PROBLEM? AND HE SAY VULGARITIES TO ME AFTER THAT HE DROVE OFF AFTER THAT I RIDE BEHIND HIS CAR AS I WAS GOING TO THAT DIRECTION AS THERE IS ONLY ONE WAY ROAD TOWARDS DEMPSEY HILL. THE ABOVE MENTIONED CAR THEN JAM BRAKE HIS CAR INFRONT OF ME AND I COULDN'T STOP IN TIME THEREFORE I HIT THE BACK OF HIS CAR. AS THE ROAD IS SLIPPERY AND IT WAS RAINNING FROM WHAT I KNOW THERE WERE NO CAR OR VEHICLE INFRONT OF HIM BUT HE JAM BRAKE OUT OF SUDDEN I GOT NO EYE WITNESS BUT THERE WERE FRONT CAMERA INSIDE HIS CAR.

DECLARATION

I/We declare the foregoing

X

ALORIDE PTE. LTD. Reg. No. 201623000H

Policyholder's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

* ✓ Reported on 15/1/2018 @ 1525hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 01 / 2018) (DD/MM/YYYY), TIME: (19:45) (HH:MM)

LOCATION: Junc of Loewen Rd.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: FBC 1123H
   b) INSURANCE COMPANY: _____
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: _____
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: _____
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   A) NAME: _____ (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including d) (_1)

3. DRIVER
   a) NAME: _____ (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 87420346
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: _____
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRER
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)
   b) ROAD SURFACE: (DRY / WET / OTHERS _____)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: _____
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SLG2594K MODEL: _____ *No of pass (including d) (_)
   b) DRIVER'S NAME: NG KOK HUI
   c) NRIC/FIN/PASSPORT: S8020990H CONTACT: 92212140
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____ * No of pass (including .) (_)
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

ralmh0306@gmail.com

email = ralmh0306@gmail.com ✓

fax =

Waiting for Company Chop?

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9515845E

Name

MOHAMED HISHAM BIN
MOHAMED RAHIM

Race

MALAY

Date of birth

12-05-1995

Sex

M

Country of birth

SINGAPORE

4612025

NRIC No. S9515845E

Date of issue

26-07-2010

APT BLK 25 JALAN BERSEH #09-144
SINGAPORE 200025

NRIC No: S9515845E Date: 01/04/2013 (R)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9515845E

Name

MOHAMED HISHAM
BIN MOHAMED RAHIM

Birth Date: 12 May 1995

Issue Date: 15 May 2015

002427488E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

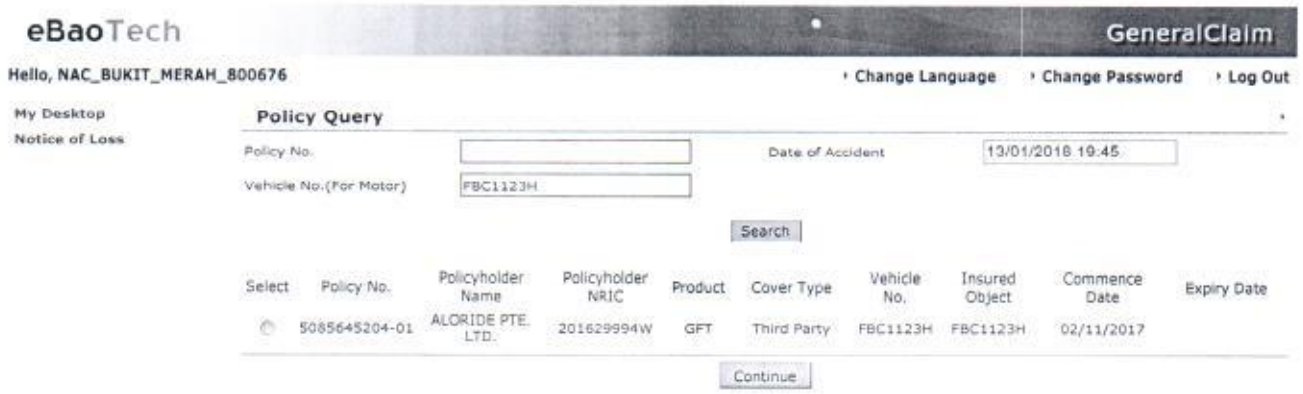
Class 2B	Motorcycles not [illegible] CC	15 May 2015	
Class 2A	Motorcycles [illegible] CC and 400 CC	11 Nov 2016	5
Class 2	Motor cars [illegible] passengers, exclusive of the driver, and mo[illegible] vehicles not [illegible] kg	25 Nov 2015	

S9515845E

S / No. 9000237063

Licence No:S9515845E

NK-028A


eBaoTech
GeneralClaim
Hello, NAC_BUKIT_MERAH_800676
Change Language
Change Password
Log Out
My Desktop
Notice of Loss
Policy Query
Policy No.
Date of Accident
13/01/2018 19:45
Vehicle No.(For Motor)
FBC1123H
Search
Select
Policy No.
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5085645204-01
ALORIDE PTE. LTD.
201629994W
GFT
Third Party
FBC1123H
FBC1123H
02/11/2017
Continue

Policy Information

Policy No.	5085645204-01	Policyholder Name	ALORIDE PTE. LTD.	Policyholder NRIC	201629994W
Address	60 ZION ROAD #06-02 ZENITH SINGAPORE 247785				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/10/2017	Effective Date	02/11/2017 00:00	Expiry Date	01/11/2018 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	WTT INSURANCE AGENCIES PTI	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	60 ZION ROAD	Address 2	#06-02 ZENITH	Address 3	SINGAPORE 247785
Address 4		Address Type	Singapore address	Post Code	247785
Unit No.	04-08	Related Policy Number	5085645204-01		

Insured Object: FBC1123H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	02/11/2017 00:00	Basic Information Endorsement	000001286682545	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicles have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FBB3054R 02-11-2017 $517.58 In view of this amendment, a refund of $517.58 (inclusive of GST) will be adjusted against the outstanding premium.
2	02/11/2017 00:00	Basic Information Endorsement	000001286674515	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicles have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FBB7089P 02-11-2017 $517.58 In view of this amendment, a refund of $517.58 (inclusive of GST) will be adjusted against the outstanding premium.
3	02/11/2017 00:00	Basic Information Endorsement	000001286680675	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 2 vehicles have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FBB2849X 02-11-2017 $517.58 2. FBB6538S 02-11-2017 $517.58 In view of this amendment, a refund of $1,035.16 (inclusive of GST) will be adjusted against the outstanding premium.

Claim Handling

Accident MT/0977986

Policy No.	5085645204-01	Vehicle No.	FBC1123H	GST Registration No.	
Policyholder Name	ALORIDE PTE. LTD.			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	87420346	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	16/01/2018 09:10	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Head
Date of Accident	13/01/2018	Time of Accident hh:mm	19:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF LOEWEN RD				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	60 ZION ROAD	Address 2	#06-02 ZENITH	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-08	Related Policy Number	5085645204-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED HISHAM BIN MOHAM	Driver NRIC	S9515845E	Driver DOB	
Register Date of Driver License	15/05/2015	Driver Age	22	Driving Experience	
Contact No.(Mobile)	87420346	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 25	Address 2	#01-AN BERSEH	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#09-114				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injuries?	Yes No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ALORIDE PTE. LTD.	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBC1123H	TP Vehicle Number	
Claim Description	FBC1123H / SLG2594K ON 13 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	16/01/2018 09:21	Claim Form Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter					

Submit

Attachment

Accident No.	[illegible]	Claim No.	001		
Last Doc. Received	Yes No	Closed Date	16/01/2018 09:15		
Path *		Category *	Please Select	Confidential	Urgency Normal

Clear

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:20	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:19	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:17	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:17	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:17	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:17	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:17	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:17	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:17	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:17	Photos	Normal	Photo:

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in ... | Scan and uploading